

SELF-INSURED WORKER'S COMPENSATION GROUP FUNDS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: North Carolina Filings Made During the Year 2020

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES *	(5) DUE DATE	(6) FORM SOURCE **	(7) APPLICABLE NOTES
		I. NAIC FINANCIAL STATEMENTS				
	1	Annual Statement (8 ½" x 14")	3	3/1	NAIC	A,B,C,D,E,F,G,H,M,N
	2	Quarterly Financial Statement (8 ½" x 14")	2	5/15,8/15,11/15	NAIC	A,B,C,D,E,F,G,H,M,N
		II. NAIC SUPPLEMENTS				
	3	Supplemental Investment Risk Interrogatories	3	4/1	NAIC	A,B,C,G,M
	4	Management Discussion & Analysis	3	4/1	Company	A,B,C,G,M,
	5	Risk-Based Capital Report	1	3/1	NAIC	A,B,C,D,G,I
	6	Statement of Actuarial Opinion	3	3/1	Company	A,B,C,D,G
	7	Actuarial Opinion Summary	2	3/15	Company	A,B,C,D,G
	8	Reinsurance Attestation Summary	3	3/1	Company	A,B,C,D,G
	9	Exceptions to Reinsurance Attestation Supplement	2	3/1	Company	A,B,C,D,G
	10	Reinsurance Summary Supplement	3	3/1	NAIC	A,B,C,D
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS				
	11	Designation of CPA and Accountant's Appointment Letter ("AAL")	1	10/1	Company/ CPA	A,B,C,G,M
	12	Notice or Request for Exemption	1	10/1	Company	A,B,C,G,M
	13	Request for an Exemption Annual Financial Reporting Law's Independence of Services	1	10/1	Company	A,B,C,G,M
	14	Request for Relief from Lead Partner Rotation Requirement	1	11/30	Company	A,B,C,G,M
	15	Designation of Audit Committee	1	5/21	Company	A,B,C,G,M
	16	Request for Extension for Filing Annual Audited Financial Report	1	5/21	Company	A,B,C,G,M
	17	Audited Financial Reports	2	6/1	Company	A,B,C,G,M
	18	Accountants Letter of Qualifications	2	6/1	Company	A,B,C,G,M
	19	Communication of Internal Control Related Matters Noted in Audit	2	8/1	Company	A,B,C,G,M
	20	Management's Report of Internal Control Over Financial Reporting	2	8/1	Company	A,B,C,G,M
	21	Notification of Adverse Financial Condition	2	Within 5 days of receipt from CPA	Company	A,B,C,G,M
		V. STATE REQUIRED FILINGS***				
	22	Premium Tax	1	3/15	State	A,D
	23	Pledged Asset Supplement (NCGS 58-13-25(b))	2	3/1,5/15,8/15, 11/15	State	A,B,C,D
	24	Management Agreement Supplement (G.S. 58-34-10(d))	2	3/1	State	A,B,E,F,G
	25	Request for Contact Information	1	3/1 and within 30 days of any changes	State	A,B,C
	26	Officers and Directors Information	1	3/1	Company	A,B,C,K
	27	Required Minimum Surplus Disclosure Form	1	3/1	State	A,B,C,D,J
	28	IRIS Ratio Calculations	1	3/1	NAIC	A,B,C
	29	Annual Payroll Information (G.S. 58-47-75 (b)(3))	1	Within 90 days after close of fiscal year	Company	A,B,L
	30	Evidence of Excess Insurance or Reinsurance Coverage, and any amendments (G.S. 58-47-95 (c))	1	Within 30 days after effective date	Designated Form from Carrier	A,B,C

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	<p><u>LICENSE UPDATE FORM AND FEE SCHEDULE, AND ANNUAL LICENSE CONTINUATION FEES:</u> Ms. Sue Ann Webster (919) 807-6164 SueAnn.Webster@ncdoi.gov</p> <p><u>DOMESTIC AND FOREIGN COMPANY FILINGS:</u> Ms. Sue Ann Webster (919) 807-6164 SueAnn.Webster@ncdoi.gov</p> <p><u>DOMESTIC AUDITED FINANCIAL STATEMENTS AND RELATED SUPPLEMENTAL FILINGS:</u> Ms. Sue Ann Webster (919) 807-6164 SueAnn.Webster@ncdoi.gov</p> <p><u>PREMIUM TAX FILINGS:</u> NC Department of Revenue Ms. Latoya Parmele (919) 754-2600 Latoya.Parmele@ncdor.gov</p>
	B	Mailing and Physical Address:	<p><u>PREMIUM TAX FILINGS:</u> For U. S. Postal Delivery Ms. Latoya Parmele North Carolina Department of Revenue Insurance Premium Tax Unit P.O. Box 25000 Raleigh, NC 27640-0300</p> <p>For Other than US Postal Service Delivery North Carolina Department of Revenue Insurance Premium Tax Unit 501 North Wilmington Street Raleigh, NC 27640</p> <p><u>ALL OTHER FILINGS:</u> For U. S. Postal Delivery North Carolina Department of Insurance Financial Analysis and Receivership Division Financial Analysis Section 1203 Mail Service Center Raleigh, NC 27699-1203</p> <p>For Other Than U. S. Postal Service Delivery North Carolina Department of Insurance Financial Analysis and Receivership Division Financial Analysis Section 325 North Salisbury Street Raleigh, NC 27603</p>
	C	Delivery Instructions:	<p>All filings must be <u>RECEIVED</u> at the appropriate address provided in Note B no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.</p> <p>Hand deliveries are <u>NOT</u> accepted.</p>
	D	Original Signatures:	Original signatures are required on all filings.
	E	Signature/Notarization/Certification:	<p>The annual and quarterly statements are required to be signed by three (3) trustees, one being the Chairperson of the Board of Trustees or the equivalent thereof, and the others being trustees and officers of the Group.</p> <p>The signatures must be notarized and corporate seal, if any, affixed all on a single Jurat page.</p>

	F	Amended Filings:	<p>Any amended pages must be accompanied by a properly executed Jurat Page, which must be filed within 10 days of the amendment.</p> <p>The Jurat page accompanying the amended filing must include the amendment number, the amendment date, and the number of pages amended.</p>
	G	Late Filings:	Penalties under G.S. 58-2-70 may apply.
	H	General Information on NAIC Financial Statements:	<p>The Annual Statement must be securely bound in “book” fashion in a cover similar in color (yellow) to the required NAIC Property and Casualty annual statement blank. To be properly bound, this must be by means other than staples or clips. Annual Statements that are not properly bound will be returned.</p> <p>The Quarterly Statements must be securely bound.</p>
	I	Risk-Based Capital Report:	<p>The Risk Based Capital Report is only required for those Groups choosing Surplus Option 1 on the Minimum Required Surplus Disclosure Form.</p> <p>This Report should not be included in the bound annual statement but submitted separately.</p>
	J	Minimum Required Surplus Disclosure Form:	<p>This should be completed by the individual responsible for the Annual Statement Filing.</p> <p>This Form should not be included in the bound annual statement but submitted separately.</p>
	K	Officers and Directors Information:	<p>This information should not be included in the bound annual statement but submitted separately.</p> <p>Social Security Numbers are not required to be submitted with this information.</p>
	L	Annual Payroll Information:	This report summarizes the payroll by annual amount paid and by classifications using the rules, classifications, and rates set forth in the most recently approved Workers’ Compensation and Employers’ Liability Insurance Manual governing audits of payrolls and adjustments of premiums.
	M	Exceptions from normal filings:	<p>Requests for exemptions or extensions are to be submitted in writing on Group letterhead at least 10 days prior to the indicated due date.</p> <p>For additional filing instructions regarding the audited financial statement and supplements, refer to</p> <p>https://www.ncdoi.gov/insurance-industry/financial-analysis/annual-financial-reporting-law</p>
	N	NONE Filings:	Follow NAIC Annual Statement Instructions.
	O	Filings new, discontinued, or modified materially:	None

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Risk-Based Capital .PDF Filing*** is the .pdf file for risk-based capital data.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplemental .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Statement Electronic Filing*** includes the complete quarterly statement data.

The ***Quarterly Statement .PDF Filing*** is the .pdf file for quarterly statement data.

The ***Combined Annual Statement Electronic Filing*** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The ***Combined Annual Statement .PDF Filing*** is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.